

FILLEBROWN (Thos)

HYPNOTISM AS APPLIED

—TO—

DENTISTRY.

BY THOMAS FILLEBROWN, M. D., D. M. D., BOSTON.

READ BEFORE THE MASSACHUSETTS DENTAL
SOCIETY, JULY, 1892.

584

PUBLISHED IN DENTAL REVIEW,

Sept. 1892.

HYPNOTISM AS APPLIED TO DENTISTRY.*

BY THOMAS FILLEBROWN, M. D., D. M. D., BOSTON.

Hypnotism is the modern name for a physical condition which has been observed for many centuries.

It was known to the earliest races of Asia and among the Persian Magi, and to this day the Yogis and Fakirs of India throw themselves into a state of hypnotic ecstasy and reverie by fixation of the gaze.

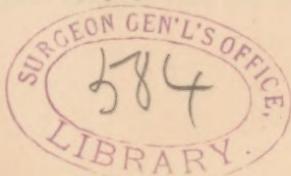
It has been known by the names of Trance, Fascination, Magnetism, Mesmerism, Electrical Psychology, Animal Magnetism, Electro Biology, Braidism and Hypnotism, and the science in its remedial action is now called "Suggestive Therapeutics."

Down to near the end of the eighteenth century this condition was imperfectly recognized, yet about A. D. 1600, Von Helmont wrote a work on the Magnetic Cure of Wounds, and Kircher, in 1646, described catalepsy produced in animals.

Mesmer, born in 1734, and graduated an M. D. in Vienna in 1766, a man of great ability and much learning, discovered methods of producing this hypnotic condition at will in a very large majority of cases. His theory was that a fluid passes from the operator to the patient, and vice versa, and through this medium the influence was transmitted and the effect produced. He called this a magnetic fluid, and for fifty years the theory of animal magnetism prevailed, and is still held by very many. Mesmer's popularity was so great that the public called the condition thus produced, mesmerism.

In 1778 Mesmer came to Paris and announced his discovery. He made many cures. Thousands flocked to him for treatment. He hypnotized as many as 8,000 in a single year. Mesmer's methods of conducting his clinic were open to criticism. Professional opinion did not sustain him, and shortly he left Paris in disgust. Later he returned. The government took notice of

*Read before the Massachusetts Dental Society, July, 1892.



him and appointed a commission to examine his claims and practice, and offered him a life pension. He did not accept, but chose to return to Prussia, and there continued to practice his art until he died.

From 1780 to 1841 mesmerism ceased to claim public notice as a remedial agent, though individuals practiced it.

In 1812 the Prussian government sent Wolfart to Frauenfeld, where Mesmer had settled, to examine and report. Wolfart not only declared in favor of Mesmer, but adopted his practice in his hospital treatment.

In 1817 a law was passed in Prussia confining the use of magnetism to medical men.

In 1820 Du Potet began a series of observations at the Hotel Dieu, and in 1825 the French Academy of Medicine appointed a commission to examine the claims of animal magnetism. The report concludes thus: "Considered as the agent of physiological phenomena or as a therapeutic expedient, magnetism must take its place in the scheme of medical science, and consequently it should be practiced by physicians only."

John Elliotson used it in his practice in London in 1837. Dr. James Esdaile, in 1845, had in ~~Calcutta~~^{Australia} made a record of 100 cases of anaesthesia for surgical operations, when the English government placed him in charge of a hospital, and in 1851 he had completed a record of 261 cases of complete insensibility to pain in severe surgical operations, by the use of hypnotism.

In 1841, James Braid, of London, examined into the subject and experimented with it. He became satisfied that no magnetic or other fluid was concerned in the matter, but it was simply a condition of the patient, induced by outward circumstances, suggesting to him this state. To rid the science of all personality, he proposed the term hypnotism, from hypnos, sleep, and since that time it has been called by that name. There was for a while a disposition to call it Braidism, but it did not obtain. In 1843, Dr. Braid published a work on hypnotism and continued to practice the art. Also in this year, Dr. Joly, of London, amputated an arm painlessly by means of hypnotic suggestions, and the great Liston made use of it successfully, and Velpeau and Broca reported that they had employed hypnotism satisfactorily in twenty-four operations.

M. Liebault, of Nancy, near Paris, had a copy of Braid's book

fall into his hands. He studied it, believed in it, and in 1860 opened a clinic and practiced the art among the poor of his village. He soon found that audible suggestion increased his success, and he soon demonstrated that suggestion was the key to all remedial effects of hypnotisms, and if enforced by the voice through the auditory nerve, it was made much more effective than without. This came to be his constant practice, and is to-day the theory upon which all hypnotists act. Braid did not fully recognize *suggestion* as the cause of the cures, and hence did not seem to find the key to so complete and uniform success as has been since obtained.

While Braid may be considered the father of modern hypnotism, Liebault is the one who took the child, watched its growth, educated it, perfected it, and put it before the profession full grown to the stature of a man and entitled to the name and rank of a science.

For twenty years Liebault continued to practice hypnotism, quietly going his own way, looked upon by the profession as a crank and passed by with a slight.

But Liebault's continued success compelled attention, and in 1881 M. Dumont and Prof. Bernheim, of the hospital at Nancy, attended his clinic, studied his methods and witnessed his success. Prof. Bernheim became convinced that there was something of value in it, and forthwith applied it in his hospital practice, and with the results described in his great work on suggestive therapeutics, first published in 1886 and rewritten in 1889.

Bernheim himself had in 1889 hypnotized over ten thousand times, and to-day it is practiced by some of our best men in all parts of the globe. It has passed the stage of experiment and is no longer under the ban of charlatanism, but is considered as one of the most useful remedial agents at our command, and no physician can be considered truly progressive who refuses to inquire into the subject and admit the possibilities of its usefulness; and he who does not use it is missing the means of curing maladies that nothing else will heal.

WHAT IS HYPNOTISM?

Hypnotism is a misnomer, but it has become so firmly fixed that it is useless to attempt any change or substitution. Generally patients do not sleep in the sense of being unconscious, as in ordinary sleep. They are fully conscious, their faculties are keenly active,

and their perceptions more acute than when in their usual state; still the condition of the nervous system is radically different.

We have said hypnotism is a misnomer, yet no one has suggested a better name. We call it sleep to induce it, and we call it sleep to continue it, and we call on the patient to awake when we wish to terminate it; hence it must be considered sleep, though in most cases not inappropriately conscious sleep. "The great essential feature of hypnotism is not sleep, but a heightened receptivity of suggestions with or without sleep; in other words, any suggestions offered to a person during hypnosis has an exaggerated effect in his mind." But up to a certain point, that of lethargy, the deeper the sleep the greater the effect of the suggestion.

The mind seems to become nonresistant, and old thoughts are held in abeyance, and new thoughts are suggested and received to hold control, so that sometimes, during a single hypnosis, a condition directly opposite to that which previously existed may gain permanent control. Courage may succeed fear, rest replace fatigue, and sweet natural sleep come to the patient instead of insomnia.

HOW INDUCED?

It is impossible in one short paper to describe many methods of inducing hypnotism, and I must be content with a description of the one method which has proved so successful with the Nancy School, described substantially as follows by Bernheim:

"When the patient becomes quiet and assured, I hold my two fingers of my right hand before the patient's eyes and ask him to look at them, endeavoring at the same time to concentrate his attention upon the idea of sleep. I say, 'You think of nothing but sleep, your eyelids begin to feel heavy, your eyes are tired, they begin to wink and they are getting moist, you cannot see distinctly, they are closed, you are asleep.' Repeating the word 'sleep' in commanding tones will often turn the balance, and the eyes close and the patient sleeps. Sometimes I close the eyes immediately without use of fixation of the eyes, when by suggestion sleep follows.

"The patients usually find the object looked at grows indistinct. The eyelids blink and quiver, the eyes may water, the breathing frequently becomes quickened and may even be panting, though often it shows only the quiet, deep breathing of normal sleep, the pulse is often accelerated, then the eyelids gradually close and

the patient is asleep. Sometimes the eyes shut suddenly, sometimes remain open and have to be closed forcibly."

DEHYPNOTIZATION.

For most patients the simple suggestion "Wake up" is quite sufficient to terminate the condition. Occasionally it may need to be repeated perhaps a little more emphatically. If the arousing is sluggish, fanning or blowing on the face is useful, with the command "Wake up" repeated. A slight shock, as a slap on the arm, will quicken the termination of the condition. No hypnotist of good technical knowledge has ever had any difficulty in arousing the patient from the hypnosis at will.

There are many ways of estimating the amount of hypnotism. Bernheim divided it into nine distinct stages, Liebault into six, while the most simple division is *conscious* and *unconscious sleep*.

I have adopted the classification of Dr. Tuckey, of London.
 1. Light sleep. 2. Profound sleep. 3. Somnambulism. 4. Lethargy.

The most of my patients have not gone beyond the second stage, a few reached the third, and one a very deep somnambulistic state.

Among my dental cases there have none gone beyond the third stage. I earnestly recommend the careful study of Bernheim's great work. If any one desires to understand the science and the art, there will be found a complete and exhaustive treatment of the subject.

WHO CAN HYPNOTIZE ?

Undoubtedly every one has the power in some degree. It seems to be one of the faculties of the human mind. Some have not enough of the faculty to amount to anything practically, while others have great ability in that way, while between those two extremes are all degrees of skill, according to nature and education. I consider it like the mechanical talent in man. ^{Somny} Such are born mechanics, while others can never attain to any useful degree of skill.

It is as reasonable to expect success with hypnotism as for any good operator to succeed with any of the important operations in dentistry, and success with hypnotism will be at least as general as is success in the general practice of a dentist. There is nothing occult or strange about it, and nothing for any one to fear.

WHO CAN BE HYPNOTIZED.

The same answer as before serves. Some hypnotize very readily and deeply; the other extreme are not effectual enough to be noticeable, while between these extremes are all grades of effect. Bernheim and other good authorities say that an ordinary good operator will hypnotize seventy per cent of all his patients; an operator who is especially experienced, careful and persistent, will attain eighty per cent, while exceptional natural ability and cultivation may obtain good results in as many as ninety per cent, but the last is exceptional. Dr. Kingsbury, of Dublin, considers six successes out of ten trials to be good results. My own cases have been exceedingly favorable. I have failed in not more than one case in fifteen, but mine have been selected cases, and I do not consider my experience extended enough to fix any definite per cent.

IS HYPNOTISM DANGEROUS?

The condition itself is not in the least dangerous. The patient is put into a quiet sleep, being light or deep as the susceptibility of the subject may determine. The patient is comfortable and resting, and if left alone will usually in fifteen or twenty minutes wake spontaneously as from a natural sleep. The hypnosis wears out. The patient may feel drowsy for some time longer, but soon returns to the former condition of wakefulness, but the quiet calming influence of the hypnosis is sure to remain.

Mr. Liebault says, "The accidents in hypnotism are due wholly to the ignorance of giddy tricks of the operator."

Moll says, "It is insufficient technical knowledge that is dangerous, not hypnotism. Hypnotism properly used is as harmless as electricity properly used."

CAN HARM BE DONE WITH HYPNOTISM?

I believe there can be. Anything that is powerful for good is also powerful for evil. Suggestion will cure headache; it will also cause headache. It will relieve contraction of the muscles, so it will cause it. Suggestion will stimulate good thoughts, and so it will give rise to bad thoughts.

But hypnotism can never do one tithe of the evil that alcohol and opium have done and are doing. They do their evil when used for good purposes by innocent and well-intentioned persons,

and they usually have done their work before the victim is aware of it. Hypnotism can do no harm unless the operator is unpar-donably ignorant or basely vile. Whatever ill or unpleasantness has seemed to attach to hypnotism has been when in the hands of amateurs or ignorant persons, who have at the time lost control of themselves and become frightened, and have frightened their subjects and lost control of them. No competent operator need have any fear for himself or his patient.

Patients so far as they are asleep are in an anæsthetized condition, and all the physical sensibilities are lessened, and facts show that the will becomes strengthened instead of weakened, and the patient is the better able to command himself.

Any thought averse to a patient's conviction is almost sure to rouse them, and it is very difficult to make even a somnambulistic subject do acts which violate his convictions even in a slight degree, and while a subject when hypnotized has been made to seize a paper cutter for a dagger and stab a door panel for a man, no violence has ever been recorded as a result of a post-hypnotic suggestion. In the few cases where personal submission seemed to have been the result of hypnotic influence, it to my mind is very evident there was not a state of complete unwillingness. Used by honest operators for therapeutic purposes, the influence of hypnotism is only for good.

The subjects previously mentioned, for whom the surgical operations were so successfully performed under hypnotic anæsthesia, were all subject to deep hypnosis, somnambulistic degree, and while exceptional cases of successful *Dental Anæsthesia* have been recorded, no uniform success has been attained or believed possible.

For a quarter of a century I have been hoping that the principles as now developed in hypnotism might be applied so as to bring relief to patients during dental operations, and it is with pleasure that I am able to-day to report a pronounced success in that direction.

A success I believe will continue, and the methods will be so formulated that the art will be within the reach of every intelligent operator on the human teeth.

During the past year, and especially during the past six months, I have been carefully studying the later works on hypnotism. I found that all the writers upon the subject, as far as I could learn, stated that pain would always wake a patient from the

hypnotic sleep, unless such patient was in a somnambulistic condition. I felt it might be quite possible to derive distinct benefit in the lighter stages if they could be kept continuous. I soon believed it possible, and after a diligent study of Bernheim, I commenced to hypnotize, and my first effort proved a success, the patient reaching the second stage.

Early in March I felt equal to a trial for anæsthetizing dentine for excavating, and then made the discovery that continuous suggestion makes it possible to keep a patient hypnotized, and the dentine wholly or partially anæsthetized for a full preparation of a cavity during the light sleep of the first and second degree. I am not aware that this has ever been made successful before.

I maintain the hypnosis and the anæsthesia by a constant repetition of "Sleep, sleep, you are resting, you are not suffering, you are not dreading it, you do not care for it, sleep, sleep," and so on continuously so long as the condition is desired. It is practically a continual rehypnotizing to offset the continual waking caused by the cut of the instrument.

Sometimes the hypnosis will wear out in spite of continual suggestion, especially if the operator's attention is too wholly absorbed in the operation and his suggestions become weak. In such a case I stop and hypnotize again. I have hypnotized as many as six times at one sitting.

If the sitting is long and the hypnosis deep, the patient is likely to get tired, and I have found it better to wake them up at intervals for rest or suggest a ready change of position, but the waking is much better. By making this conservative use of hypnotism, the patient in every instance will feel rested and stronger at the close of the sitting than before, and will improve in courage and quiet as the sittings succeed each other, and in many cases the need of hypnosis will cease to exist and the patient submit to the operation in the wakeful state without shrinking.

I had a case lately that illustrated it. A girl fourteen years old had dreaded dental operations so much that for two years she had not been able to have her teeth even cleansed. Hypnotism made cleansing, preparing and filling perfectly easy, and at the fourth sitting she had become so indifferent that she was quite willing to have a large cavity in a molar prepared and filled while fully awake. Others have experienced the same benefit.

These results have, it seems to me, proved that in my hands

hypnotism as a sedative and as an obtundent is a marked success, and, I believe, equal and greater successes may be achieved by many other operators when they make intelligent effort to accomplish this desired end.

I give the following summary and analysis of twenty-one consecutive strictly dental cases, that you may judge from the record of the success of the anæsthesia. One patient failed to hypnotize. In every one of these cases it was proved that the dentine was very sensitive.

Hypnosis was applied thirty-eight times to twenty patients. Full anæsthesia of the dentine attained twenty-one times for eight patient, or for forty per cent of the patients.

Anæsthesia not quite complete, but practically successful, twelve times for seven patients, or for thirty-five per cent of the patients.

Anæsthesia complete with addition of alcohol vapor with Small's obtunder, six times for five patients, or for twenty-five per cent of the patients.

For use in surgery I record the following :

Applied successfully for removal of necrosed bone, once.

Applied successfully for extracting teeth, five times.

Applied successfully for operations on alveolar abscess, once.

Applied for removal of dread of taking gas to two patients—successful, one; unsuccessful, one.

It is impossible to indicate in any table all the benefit that accrues to the patient from the hypnotism.

In every case there was almost complete and in most cases entire relaxation of nervous and muscular tension, so that the patient rested during the operation instead of being exhausted. Almost every patient left my operating chair, saying they felt better than when they sat down. I always suggest that the patient is resting, will wake up refreshed, will be undisturbed, and this result uniformly follows. If by any chance a different result obtains, I at once hypnotize again and correct the error. This has occurred in a few instances, but thus far I have not failed to relieve the discomfort.

Another distinct gain has been described by several patients independently, viz.: When any pain is felt, it is sensed only at the point of contact of the instrument, and not over the whole system as is commonly the case. If a tooth is extracted, there is no dread

felt before the operation nor shock produced by it, only a little twinge felt the instant the tooth is being pulled.

A worthy Scotchman expressed himself to the point, after having a tooth extracted under hypnotism, "I rather think it helped me, it kind of reconciled me *down to it*."

The operation for necrosis mentioned was for a patient whose nervous system was much broken down. Any excitement, from sorrow, fear or joy would invariably cause her several hours of nervous excitement and distress, entirely disabling her at the time. The hypnosis prevented any unfavorable results from the operation.

CASES.

I give the following cases in the order in which they followed, that you may see my progress in the art of hypnotism as well as of the anaesthetic effect.

Case 1. March 14th. My first attempt to hypnotize for dental purposes was for Miss L. — age twenty-two, to remove pulp after arsenic application. She hypnotized in about one minute to the first degree; very light sleep. I suggested anaesthesia of tooth and pulp. It lessened the pain very much; could not overcome all the sensitiveness of the pulp, nor have I been able to do so since in any case.

April 12th. Hypnotized and suggested for relief of toothache and restfulness, as she was very weary. Waked her in five minutes and found her toothache gone and herself feeling entirely rested and refreshed.

Case 2. March 16th. Mrs L. —, aged thirty-six. Hypnotized first degree, very light sleep. Suggested for anaesthesia of sensitive dentine. Pain during previous operations almost unbearable. Relieved sensibility very much. Made the cutting of two cavities on buccal surface of inferior bicuspids with both excavator and bur very easily borne. Suggestion did not last long, and hypnosis and suggestion had to be repeated several times.

Case 3. March 22. Miss C., age fifty. Necrosis from abscess on R. Sup. Lat. Incis. Upper teeth all extracted five months before. The patient had nervous collapse seven years before and has since suffered repeated attacks. Any excitement of joy, sorrow or fear, or a pleasant hour with callers, would bring on a nervous spasm which would last one or two hours. Ether had an unpleasant effect upon her, and she preferred the operation without an

anæsthetic on account of nervousness. Hypnotized first degree, bordering on second; applied cocaine to gum; incised and removed sections of gum; trephined the alveolar wall and removed spiculæ of dead bone. The operation lasted from seven to ten minutes. Patient laid quietly, scarcely flinching; dread all gone; upon awaking pronounced herself comfortable during the operation and suffering no shock, depression or weakness.

I did not think to suggest against subsequent pain, and some pain persisted in region of wound, also her temple and ear of same side. Hypnotized the second time and relieved the pain in wound and face. Waited twenty minutes, thinking the rest of the pain would subside; pain in ear persisted. Hypnotized the third time and suggestion relieved pain entirely, and the patient left my office feeling in very much better condition than before the operation.

March 28th. Had been getting along well, wound healing, nervous condition good, some neuralgia of head, face, arm and hand. I hypnotized and suggestion relieved the pain entirely.

March 29th, A. M. No return of pain in the arm or hand, a little pain in the head last evening and to-day. Hypnosis and suggestion relieved it again completely. At 4:30 P. M. called again. Had been very busy during the day out in the wind, and tic of right temple had returned and involved the eyes. Hypnotized twice and completely relieved the trouble. The patient left town the next day, but subsequently I saw her and found relief from pain proved permanent, also the general good effects of the hypnotism continued.

Case 4. March 29th. Mrs. P—, age forty-five. R. Sup. 1st Molar abscessed. Crisis passed, tooth very sore, dead pulp remaining. Tooth needed drilling for removal of pulp. Patient dreaded the operation very much; did not sleep the night before on account of it; had a bad headache and neuralgic pains over entire system. Hypnotized to second degree, dread entirely removed, scarcely any hurt during the operation; was very comfortable and did not mind it at all; systemic pains cured. Filled temporarily and hypnotized again, and suggested recovery without further trouble.

April 2d. Found tooth in good condition; filled permanently; hypnotized and suggested for continued health of tooth and system. The tooth has since remained well.

Case 5. March 31st. Prof. O—, age thirty-five. R. Inf.

1st Molar to be extracted, very badly abscessed. Hypnotized to first degree. Suggested that pain of extraction would be lessened and dread removed and shock prevented. The result fulfilled the prophecy.

April 14th. Had a R. Sup. Bicuspid root; had wished it out for ten years; could not get up his courage. Hypnotized to note effect on his mind; soon opened his mouth without dread; extracted tooth; felt no pain, only a little wrenching sensation, only local. He called it perfectly successful.

April 7th. Excavated and filled R. Inf. Lat. and Cusp., very tender indeed. Hypnotized; relieved sensitiveness very much, and with alcohol vapor added made the anaesthesia complete. Patient said the pain was only local; did not disturb the system; found great relief.

Case 6. March 26th. Dr. P.—Dentist, age thirty-four. Filled R. Sup. Cusp. lab. cavity; exquisitely tender. He was unable to bear his finger nail on it. Hypnotized, second degree, light; anaesthesia almost complete; nervous and muscular relaxation entire; used excavator and burs with engine all around the cavity; and in twenty minutes from the time he sat in my chair the cavity was prepared. He found it a complete success.

April 1st. Filled R. Sup. Cusp, mes. cavity, not tender; did not hypnotize at first. When tooth was nearly filled said he felt broken up; and was very much disturbed. Hypnotized him; he became immediately quiet and entirely relieved of his discomfort.

Case 7. March 18th. Master G.—age ten. Very sensitive and uncomfortable. Hypnotized, first degree, very light. Quieted him a good deal and made it possible to do a little, but my success was indifferent, largely due, I think, to lack of interest on the patient's part, whose mother had little faith or interest in it. I hypnotized him for three sittings with about the same success.

Case 8. March 30th. Mrs. W. —age forty-three. Filled R. Inf. first molar very sensitive. Patient always very much disturbed by prospect and performance of dental operations. Hypnotized readily to first degree, but full influence maintained but a little time; a drowsy feeling persisted; all dread of operation gone; I used bur and chisel without resistance or suffering on her part. She thought it a complete success.

April 8th. Hypnotized with same success as before. Could

not completely anaesthetize the dentine; added alcoholic vapor and completed the insensibility.

Case 9. April 1st. Mrs. C—, age twenty-nine. Condition, hypnotism and success same as in the last case.

Case 10. Miss H—, age forty. Teeth always very sensitive. For twenty years had been troubled with insomnia; very nervous, excitable and apprehensive. Teeth in bad condition, owing to neglect on account of fear of pain.

April 5th. Hypnotized, third degree, somnambulistic, anaesthesia of dentine complete. Operated April 9th, 12th, 21st, and May 7th and 16th. Hypnotized each sitting.

May 28th. I gave a short hypnosis at the beginning of the sitting, and one at the end, operating in the meantime on a post hypnotic anaesthesia which was complete. This method gave relief and comfort; some of the former hypnoses had proved wearisome. The incidental benefits derived from the treatment were very marked. Up to the date of her first sitting she had uniformly taken some hypnotic to afford sleep. The night after her first hypnosis in the afternoon, she slept all night and far into the morning, and every night since, except three or four that she had some face ache. Her general condition is much improved, apprehension much less, and nervousness much reduced, and has much better command of herself.

Case 11. April 11th, 18th, May 16th. Mr. M—, age thirty-two. Teeth very sensitive. Hypnotized third degree; anaesthesia complete. Operated from an hour to an hour and a half at each sitting. At the close of the longer sittings he complained of feeling tired sitting so still; thought an hour long enough.

Case 12. Miss B—, age fourteen. A refined, healthy, vigorous girl, but so afraid of dentistry she had not been able to have teeth even cleansed for two years. Teeth extremely sensitive. Upon my promise that I would not touch her teeth, talked hypnotism to her, interested her, and made an appointment to try it and operate.

May 28th. I hypnotized her, first degree, suggestion removed all fear, and I cleansed her teeth without trouble and prepared and filled with cement two cavities in front teeth.

June 11th. Hypnotized again; prepared and filled with cement four cavities in front teeth. While excavating one of the cavities she flinched some. I feared discouraging her and waked her and

asked if I should go ahead if it did hurt a little; said, "I don't care; go ahead!" Hypnotized again and finished according to instructions.

June 17th. Hypnotized twice; excavated three cavities and filled with gold; used bur with engine without discomfort.

June 18th. Hypnotized and prepared one tooth, waked the patient and filled; then prepared and filled another molar while awake. The transformation of the patient was wonderful.

Case 13. Miss L——, age forty-two. Called on me in December, 1891, for new upper plate. Had been wearing artificial teeth on rubber for three years. Mouth had been constantly red with serious itching and burning. I made her a good fitting plate on rubber. Her mouth was no better. A few weeks later I made a gold plate, which she has worn since. It gave no relief from the burning and the redness persisted.

June 23, 1892, she called seeking relief. I proposed hypnotism as an experiment. She was agreeable to it. Hypnotized her to nearly second degree. Suggested cessation of burning and change of color and return to health. Slept perhaps ten minutes. On waking the mouth had changed color perceptibly, burning gone.

June 24th. Had experienced discomfort only about one hour the evening of the 23d, and again this morning about the same length of time. Hypnotized again and suggested for health and comfort.

June 25th. Had experienced a little discomfort once for a short time since yesterday. Mouth still better. Hypnotized for complete recovery. I did not see the patient again until the 29th, four days intervening. Has had hardly any burning of the mouth since last visit until to-day, rather more. Mouth seems much improved in color and texture. Hypnotized for relief and cure.

June 30th. Mouth much better; no discomfort since yesterday. Hypnotized also on July 1st, 6th, 7th, 8th, 14th and 21st. July 22d mouth felt entirely well since June 30th; is now normal in color save two small patches, which are a little red, but not at all tender or uncomfortable. The patient has worn her plate all of the time.

These cases fairly represent the extremes and average of the results in my practice of the application of hypnotism to dentistry. I believe it is a power of great value to my patients and may be to the patients of other operators who may practice it. I invite the attention and thoughtful consideration of every one present to the subject.

